



a Cosmed Group affiliate

November 1, 2002

EPCRA Reporting Center  
P.O. Box 3348  
Merrifield, VA 22116-3348

Patricia Williams  
MDE/TARSA  
Community Right-to-Know  
2500 Broening Highway  
Baltimore, MD 21224

Craig E. Yussen  
Toxics Programs and Enforcement  
Branch (3WC33)  
United States Environmental  
Protection Agency  
1650 Arch Street  
Philadelphia, PA 19103-2029

**Re: TRI Revision Request**

Dear Mr. Yussen, Ms. Williams, and EPCRA Reporting Center:

U.S. EPA issued a Notice of Noncompliance to Baltimore Quality Assurance (BQA) on September 30, 2002, which BQA received on October 3, 2002. That Notice of Noncompliance instructed BQA to submit to U.S. EPA and the State of Maryland a toxic chemical release Form R for ethylene glycol for calendar years 1998, 1999, and 2000. The Notice of Noncompliance was based on an inspection conducted on February 5, 2002.

BQA has enclosed herewith a toxic chemical release Form R for ethylene glycol for calendar years 1998, 1999, and 2000. In reviewing its records, BQA determined that it filed Forms A for ethylene glycol and ethylene oxide for calendar year 2001 when it should have filed Forms R. BQA filed these Forms A in July, 2002, which was after the February 5 inspection but before BQA received the Notice of Noncompliance that was issued on September 30. Because of this timing issue, U.S. EPA's inspector could not have been aware of this issue, but because it has determined that it should have filed Forms R for 2001, BQA also has enclosed herewith Forms R for ethylene glycol and ethylene oxide for calendar year 2001.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Ellen Heath

cc: Aquanetta L. Dickens, Chief  
Toxics Programs & Enforcement Branch

David Howe

**RECEIVED**

NOV 06 2002

Toxics Enforcement Branch  
EPA Region III

**EPA****FORM R****TOXIC CHEMICAL RELEASE  
INVENTORY REPORTING FORM**United States  
Environmental Protection  
AgencySection 313 of the Emergency Planning and Community Right-to-Know Act of 1986,  
also known as Title III of the Superfund Amendments and Reauthorization Act

**WHERE TO SEND COMPLETED FORMS:** 1. EPCRA Reporting Center  
P.O. Box 3348  
Merrifield, VA 22116-3348  
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE  
(See instructions in Appendix F)

Enter "X" here if this  
is a revision

X

For EPA use only

**Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.****PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 1998****SECTION 2. TRADE SECRET INFORMATION**

**2.1** Are you claiming the toxic chemical identified on page 2 trade secret?  
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

**2.2** Is this copy ☐ Sanitized ☐ Unsanitized  
(Answer only if "YES" in 2.1)

**SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)**

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

ELLEN HEATH

GENERAL MANAGER

11/01/2002

**SECTION 4. FACILITY IDENTIFICATION**

**4.1** TRI Facility ID Number 21224BLTMR4200B

Facility or Establishment Name  
BALTIMORE QUALITY ASSURANCE

Facility or Establishment Name or Mailing Address (if different from street address)  
NA

Street  
4200 BOSTON ST.

Mailing Address

City/County/State/Zip Code  
BALTIMORE BALTIMORE CITY MD 21224

City/State/Zip Code

Country (Non-)

**4.2** This report contains information for:  
(Important: check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility d. ☐ GOCC

**4.3** Technical Contact Name DAVID HOWE Telephone Number (include area code)  
(401) 423-2003

**4.4** Public Contact Name ELLEN HEATH Telephone Number (include area code)  
(410) 327-0916

**4.5** SIC Code (s) (4 digits) Primary a. 2099 b. c. d. e. f.

**4.6** Latitude Degrees Minutes Seconds Longitude Degrees Minutes Seconds  
39 17 15 076 33 24

**4.7** Dun & Bradstreet Number(s) (9 digits) **4.8** EPA Identification Number (RCRA I.D. No.) (12 characters) **4.9** Facility NPDES Permit Number(s) (9 characters) **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)

a. NA a. NA a. NA a. NA  
b. b. b. b.

**SECTION 5. PARENT COMPANY INFORMATION**

**5.1** Name of Parent Company NA COSMED GROUP

**5.2** Parent Company's Dun & Bradstreet Number NA ☒

**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC INFORMATION**

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE GLYCOL

**SECTION 1. TOXIC CHEMICAL IDENTITY**

(Important: DO NOT complete this section if you completed Section 2 below.)

**1.1** CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)  
107211

**1.2** Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)  
ETHYLENE GLYCOL

**1.3** Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)  
NA

**1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.**

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA <input checked="" type="checkbox"/>																	

**SECTION 2. MIXTURE COMPONENT IDENTITY** (Important: DO NOT complete this section if you completed Section 1 above.)

**2.1** Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)  
NA

**SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY**

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input checked="" type="checkbox"/> Produce	b. <input type="checkbox"/> Import	a. <input type="checkbox"/> As a reactant	b. <input type="checkbox"/> As a formulation component	a. <input type="checkbox"/> As a chemical processing aid	b. <input type="checkbox"/> As a manufacturing aid
If produce or import:		c. <input type="checkbox"/> As an article component	d. <input type="checkbox"/> Repackaging	c. <input type="checkbox"/> Ancillary or other use	
c. <input type="checkbox"/> For on-site use/processing		e. <input type="checkbox"/> As an impurity			
d. <input type="checkbox"/> For sale/distribution					
e. <input checked="" type="checkbox"/> As a byproduct					
f. <input type="checkbox"/> As an impurity					

**SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR**

**4.1** 04 (Enter two-digit code from instruction package.)

**SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE**

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
<b>5.1</b>	Fugitive or non-point air emissions	NA <input checked="" type="checkbox"/>		
<b>5.2</b>	Stack or point air emissions	NA <input checked="" type="checkbox"/>		
<b>5.3</b>	Discharges to receiving streams or water bodies (enter one name per box)			
	Stream or Water Body Name			
<b>5.3.1</b>	NA			
<b>5.3.2</b>				
<b>5.3.3</b>				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box

1

\* For Dioxin or Dioxin-like compounds, report in grams

**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC INFORMATION**

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE GLYCOL

and indicate the Part II, Section 5.3 page number in this box.

1

(example: 1,2,3, etc.)

## EPA FORM R

## PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE GLYCOL

## SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE(Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>	NA	
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>	NA	
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA	

## SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

## 6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

## 6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B.1	POTW Name	NA					
POTW Address							
City		State		County		Zip	-

6.1.B.2	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box  and indicate the Part II, Section 6.1 page number in this box  (example: 1,2,3, etc.)

## SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1	Off-Site EPA Identification Number (RCRA ID No.)	NA							
Off-Site Location Name		AMERICAN CHEMICAL EXCHANGE							
Off-Site Address		159 N. MARENGO AVE SUITE 103							
City	PASADENA	State	CA	County	LOS ANGELES	Zip	91101-	Country (Non-US)	

\* For Dioxin or Dioxin-like compounds, report in grams/y

**EPA FORM R**

**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE GLYCOL

Is location under control of reporting facility or parent company?

☐

Yes

☒

No

## EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE GLYCOL

## SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 124420	1. C	1. M93
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

Country  
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

## SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ X

Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any  
waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
NA	1		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
	2			
	3			
4	5			
6	7	8		
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
	2			
	3			
4	5			
6	7	8		
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
	2			
	3			
4	5			
6	7	8		
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
	2			
	3			
4	5			
6	7	8		
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
	2			
	3			
4	5			
6	7	8		

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box  
and indicate the Part II, Section 6.2/7A page number in this box :

1

1 (example: 1,2,3, etc)

**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number  
21224BLTMR4200B  
Toxic Chemical, Category or Generic Name  
ETHYLENE GLYCOL

**SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1.  2.  3.  4.

**SECTION 7C. ON-SITE RECYCLING PROCESSES**

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1.  2.  3.  4.  5.   
6.  7.  8.  9.  10.

**SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES**

	Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 Quantity released ***	NA	NA	NA	NA
8.2 Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3 Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4 Quantity recycled onsite	NA	NA	NA	NA
8.5 Quantity recycled offsite	133135	124420	108252	105294
8.6 Quantity treated onsite	NA	NA	NA	NA
8.7 Quantity treated offsite	NA	NA	NA	NA
8.8 Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	0			
8.9 Production ratio or activity index	0000000.91			
8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.
8.11 Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one box)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>



**EPA****FORM R****TOXIC CHEMICAL RELEASE  
INVENTORY REPORTING FORM**United States  
Environmental Protection  
AgencySection 313 of the Emergency Planning and Community Right-to-Know Act of 1986,  
also known as Title III of the Superfund Amendments and Reauthorization Act

**WHERE TO SEND COMPLETED FORMS:** 1. EPCRA Reporting Center  
P.O. Box 3348  
Merrifield, VA 22116-3348  
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE  
(See instructions in Appendix F)

Enter "X" here if this  
is a revision

For EPA use only

**Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.****PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 1999****SECTION 2. TRADE SECRET INFORMATION**

**2.1** Are you claiming the toxic chemical identified on page 2 trade secret?  
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

**2.2** Is this copy ☐ Sanitized ☐ Unsanitized  
(Answer only if "YES" in 2.1)

**SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)**

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: ELLEN HEATH GENERAL MANAGER

Signature: *Ellen Heath*

Date Sign: 11/01/2002

**SECTION 4. FACILITY IDENTIFICATION**

<b>4.1</b>	TRI Facility ID Number		21224BLTMR4200B	
Facility or Establishment Name		Facility or Establishment Name or Mailing Address (if different from street address)		
BALTIMORE QUALITY ASSURANCE		NA		
Street		Mailing Address		
4200 BOSTON ST.				
City/County/State/Zip Code		City/State/Zip Code		Country (Non)
BALTIMORE BALTIMORE CITY MD 21224				
<b>4.2</b>	This report contains information for: (Important: check a or b; check c or d if applicable)			
	a. <input checked="" type="checkbox"/> An entire facility	b. <input type="checkbox"/> Part of a facility	c. <input type="checkbox"/> A Federal facility	d. <input type="checkbox"/> GOC
<b>4.3</b>	Technical Contact Name		DAVID HOWE	
			Telephone Number (include area code) (401) 423-2003	
<b>4.4</b>	Public Contact Name		ELLEN HEATH	
			Telephone Number (include area code) (410) 327-0916	
<b>4.5</b>	SIC Code (s) (4 digits)		Primary	
	a. 2099	b.	c.	d. e. f.
<b>4.6</b>	Latitude	Degrees	Minutes	Seconds
		39	17	15
		Longitude		Degrees
				076
<b>4.7</b>	Dun & Bradstreet Number(s) (9 digits)	<b>4.8</b>	EPA Identification Number (RCRA I.D. No.) (12 characters)	<b>4.9</b>
a. NA		a. NA		a. NA
b.		b.		b.
<b>4.10</b>	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)			
	a. NA			

**SECTION 5. PARENT COMPANY INFORMATION**

**5.1** Name of Parent Company NA ☐ COSMED GROUP

**5.2** Parent Company's Dun & Bradstreet Number NA ☒

**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC INFORMATION**

TRI Facility ID Number  
21224BLTMR4200B  
Toxic Chemical, Category or Generic Name  
ETHYLENE GLYCOL

**SECTION 1. TOXIC CHEMICAL IDENTITY**

(Important: DO NOT complete this section if you completed Section 2 below.)

<b>1.1</b>	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 107211																																		
<b>1.2</b>	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) ETHYLENE GLYCOL																																		
<b>1.3</b>	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA																																		
<b>1.4</b>	<p><b>Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.</b> (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)</p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td> </tr> <tr> <td>NA</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	NA	X															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17																			
NA	X																																		

**SECTION 2. MIXTURE COMPONENT IDENTITY**

(Important: DO NOT complete this section if you completed Section 1 above.)

<b>2.1</b>	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
------------	--

**SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY**

(Important: Check all that apply.)

<b>3.1</b>	<b>Manufacture the toxic chemical:</b>	<b>3.2</b>	<b>Process the toxic chemical:</b>	<b>3.3</b>	<b>Otherwise use the toxic chemical:</b>
<p>a. <input checked="" type="checkbox"/> Produce    b. <input type="checkbox"/> Import</p> <p>If produce or import:</p> <p>c. <input type="checkbox"/> For on-site use/processing</p> <p>d. <input type="checkbox"/> For sale/distribution</p> <p>e. <input checked="" type="checkbox"/> As a byproduct</p> <p>f. <input type="checkbox"/> As an impurity</p>		<p>a. <input type="checkbox"/> As a reactant</p> <p>b. <input type="checkbox"/> As a formulation component</p> <p>c. <input type="checkbox"/> As an article component</p> <p>d. <input type="checkbox"/> Repackaging</p> <p>e. <input type="checkbox"/> As an impurity</p>		<p>a. <input type="checkbox"/> As a chemical processing aid</p> <p>b. <input type="checkbox"/> As a manufacturing aid</p> <p>c. <input type="checkbox"/> Ancillary or other use</p>	

**SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR**

<b>4.1</b>	04 (Enter two-digit code from instruction package.)
------------	---

**SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE**

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
<b>5.1</b>	Fugitive or non-point air emissions NA <input checked="" type="checkbox"/>	NA		
<b>5.2</b>	Stack or point air emissions NA <input checked="" type="checkbox"/>	NA		
<b>5.3</b>	Discharges to receiving streams or water bodies (enter one name per box)			
	Stream or Water Body Name			
<b>5.3.1</b>	NA			
<b>5.3.2</b>				
<b>5.3.3</b>				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box

1

\* For Dioxin or Dioxin-like compounds, report in grams

**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC INFORMATION**

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE GLYCOL

and indicate the Part II, Section 5.3 page number in this box.

1

(example: 1,2,3, etc.)

## EPA FORM R

## PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE GLYCOL

## SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>	NA	
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>	NA	
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA	

## SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

## 6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

## 6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B.1	POTW Name	NA
POTW Address		
City	State	County
		Zip

6.1.B.2	POTW Name	
POTW Address		
City	State	County
		Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box  and indicate the Part II, Section 6.1 page number in this box  (example: 1,2,3, etc.)

## SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1	Off-Site EPA Identification Number (RCRA ID No.)	NA
Off-Site Location Name	AMERICAN CHEMICAL EXCHANGE	
Off-Site Address	159 N. MARENGO AVE SUITE 103	
City	State	County
PASADENA	CA	LOS ANGELES
Zip	91101-	Country (Non-US)

\* For Dioxin or Dioxin-like compounds, report in grams/y

**EPA FORM R**

**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE GLYCOL

Is location under control of reporting facility or parent company?

☐

Yes

☒

No

## EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE GLYCOL

## SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 108252	1. C	1. M94
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

Country  
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

## SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ X

Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any  
waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
NA	1			Yes No
	2			
	3			
4	5	%	<input type="checkbox"/> <input type="checkbox"/>	
5	6			
6	7			
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1		%	Yes No
	2			
	3			
4	5	%	<input type="checkbox"/> <input type="checkbox"/>	
5	6			
6	7			
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1		%	Yes No
	2			
	3			
4	5	%	<input type="checkbox"/> <input type="checkbox"/>	
5	6			
6	7			
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1		%	Yes No
	2			
	3			
4	5	%	<input type="checkbox"/> <input type="checkbox"/>	
5	6			
6	7			
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1		%	Yes No
	2			
	3			
4	5	%	<input type="checkbox"/> <input type="checkbox"/>	
5	6			
6	7			

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box  
and indicate the Part II, Section 6.2/7A page number in this box :

1

1 (example: 1,2,3, etc)

**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number  
21224BLTMR4200B  
Toxic Chemical, Category or Generic Name  
ETHYLENE GLYCOL

**SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1.  2.  3.  4.

**SECTION 7C. ON-SITE RECYCLING PROCESSES**

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1.  2.  3.  4.  5.   
6.  7.  8.  9.  10.

**SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES**

	Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 Quantity released ***	NA	NA	NA	NA
8.2 Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3 Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4 Quantity recycled onsite	NA	NA	NA	NA
8.5 Quantity recycled offsite	124420	108252	105294	68826
8.6 Quantity treated onsite	NA	NA	NA	NA
8.7 Quantity treated offsite	NA	NA	NA	NA
8.8 Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	0			
8.9 Production ratio or activity index	0000001.08			
8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.
8.11 Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one box)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>



United States  
Environmental Protection  
Agency

# FORM R

## TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,  
also known as Title III of the Superfund Amendments and Reauthorization Act

**WHERE TO SEND COMPLETED FORMS:** 1. EPCRA Reporting Center  
P.O. Box 3348  
Merrifield, VA 22116-3348  
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE  
(See instructions in Appendix F)

Enter "X" here if this  
is a revision

For EPA use only

**Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**

### PART I. FACILITY IDENTIFICATION INFORMATION

#### SECTION 1. REPORTING YEAR 2000

#### SECTION 2. TRADE SECRET INFORMATION

**2.1** Are you claiming the toxic chemical identified on page 2 trade secret?  
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

**2.2** Is this copy ☐ Sanitized ☐ Unsanitized  
(Answer only if "YES" in 2.1)

#### SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Sign

ELLEN HEATH

GENERAL MANAGER

*Ellen Heath*

11/01/2002

#### SECTION 4. FACILITY IDENTIFICATION

<b>4.1</b>	TRI Facility ID Number		21224BLTMR4200B													
Facility or Establishment Name		Facility or Establishment Name or Mailing Address (if different from street address)														
BALTIMORE QUALITY ASSURANCE		NA														
Street		Mailing Address														
4200 BOSTON ST.																
City/County/State/Zip Code		City/State/Zip Code		Country (Non)												
BALTIMORE BALTIMORE CITY MD 21224																
<b>4.2</b>	This report contains information for: (Important: check a or b; check c or d if applicable) a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility c. <input type="checkbox"/> A Federal facility d. <input type="checkbox"/> GOC															
<b>4.3</b>	Technical Contact Name	DAVID HOWE		Telephone Number (include area code) (401) 423-2003												
<b>4.4</b>	Public Contact Name	ELLEN HEATH		Telephone Number (include area code) (410) 327-0916												
<b>4.5</b>	SIC Code (s) (4 digits)	<table border="1"> <tr> <th colspan="2">Primary</th> <th></th> <th></th> <th></th> <th></th> </tr> <tr> <td>a.</td> <td>2099</td> <td>b.</td> <td>c.</td> <td>d.</td> <td>e.</td> </tr> </table>			Primary						a.	2099	b.	c.	d.	e.
Primary																
a.	2099	b.	c.	d.	e.											
<b>4.6</b>	Latitude	Degrees	Minutes	Seconds	Longitude	Degrees	Minutes	Seconds								
		39	17	15		076	33	24								
<b>4.7</b>	Dun & Bradstreet Number(s) (9 digits)	<b>4.8</b>	EPA Identification Number (RCRA I.D. No.) (12 characters)	<b>4.9</b>	Facility NPDES Permit Number(s) (9 characters)	<b>4.10</b>	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)									
a. NA	a. NA	a. NA	a. NA	a. NA	a. NA	a. NA	a. NA									
b.	b.	b.	b.	b.	b.	b.	b.									

#### SECTION 5. PARENT COMPANY INFORMATION

**5.1** Name of Parent Company NA ☐ COSMED GROUP

**5.2** Parent Company's Dun & Bradstreet Number NA ☒



**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC INFORMATION**

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE GLYCOL

**SECTION 1. TOXIC CHEMICAL IDENTITY**

(Important: DO NOT complete this section if you completed Section 2 below.)

<b>1.1</b>	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 107211																																		
<b>1.2</b>	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) ETHYLENE GLYCOL																																		
<b>1.3</b>	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA																																		
<b>1.4</b>	<p><b>Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.</b> (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)</p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td> </tr> <tr> <td>NA</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	NA	X															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17																			
NA	X																																		

**SECTION 2. MIXTURE COMPONENT IDENTITY**

(Important: DO NOT complete this section if you completed Section 1 above.)

<b>2.1</b>	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
------------	--

**SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY**

(Important: Check all that apply.)

<b>3.1</b>	Manufacture the toxic chemical:	<b>3.2</b>	Process the toxic chemical:	<b>3.3</b>	Otherwise use the toxic chemical:
<p>a. <input checked="" type="checkbox"/> Produce    b. <input type="checkbox"/> Import</p> <p>If produce or import:</p> <p>c. <input type="checkbox"/> For on-site use/processing</p> <p>d. <input type="checkbox"/> For sale/distribution</p> <p>e. <input checked="" type="checkbox"/> As a byproduct</p> <p>f. <input type="checkbox"/> As an impurity</p>	<p>a. <input type="checkbox"/> As a reactant</p> <p>b. <input type="checkbox"/> As a formulation component</p> <p>c. <input type="checkbox"/> As an article component</p> <p>d. <input type="checkbox"/> Repackaging</p> <p>e. <input type="checkbox"/> As an impurity</p>	<p>a. <input type="checkbox"/> As a chemical processing aid</p> <p>b. <input type="checkbox"/> As a manufacturing aid</p> <p>c. <input type="checkbox"/> Ancillary or other use</p>			

**SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR**

<b>4.1</b>	04 (Enter two-digit code from instruction package.)
------------	---

**SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE**

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
<b>5.1</b>	Fugitive or non-point air emissions NA <input checked="" type="checkbox"/>	NA		
<b>5.2</b>	Stack or point air emissions NA <input checked="" type="checkbox"/>	NA		
<b>5.3</b>	Discharges to receiving streams or water bodies (enter one name per box)			
	Stream or Water Body Name			
<b>5.3.1</b>	NA			
<b>5.3.2</b>				
<b>5.3.3</b>				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box

1

\* For Dioxin or Dioxin-like compounds, report in grams

**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC INFORMATION**

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE GLYCOL

and indicate the Part II, Section 5.3 page number in this box.

1

(example: 1,2,3, etc.)

**EPA FORM R**  
**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE GLYCOL

**SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE(Continue**

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>	NA	
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>	NA	
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA	

**SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS**

**6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)**

**6.1.A Total Quantity Transferred to POTWs and Basis of Estimate**

**6.1.A.1. Total Transfers** (pounds/year\*)  
(enter range code\*\* or estimate)

**6.1.A.2 Basis of Estimate**  
(enter code)

NA

**6.1.B.1**

POTW Name

NA

POTW Address

City

State

County

Zip

-

**6.1.B.2**

POTW Name

POTW Address

City

State

County

Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box  and indicate the Part II, Section 6.1 page number in this box  (example: 1,2,3, etc.)

**SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS**

**6.2.1** Off-Site EPA Identification Number (RCRA ID No.)

NA

Off-Site Location Name

AMERICAN CHEMICAL EXCHANGE

Off-Site Address

159 N. MARENGO AVE

SUITE 103

City

PASADENA

State

CA

County

LOS ANGELES

Zip

91101-

Country  
(Non-US)

**EPA FORM R**  
**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE GLYCOL

Is location under control of reporting facility or parent company?

☐

Yes

☒

No

## EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE GLYCOL

## SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 105294	1. C	1. M93
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

Country  
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

## SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒

Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any  
waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
NA	1		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
	2			
	3			
	4			
	5			
	6			
	7			
	8			
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
	2			
	3			
	4			
	5			
	6			
	7			
	8			
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
	2			
	3			
	4			
	5			
	6			
	7			
	8			
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
	2			
	3			
	4			
	5			
	6			
	7			
	8			
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
	2			
	3			
	4			
	5			
	6			
	7			
	8			

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box  
and indicate the Part II, Section 6.2/7A page number in this box :

1 (example: 1,2,3, etc)

1

**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number  
 21224BLTMR4200B  
 Toxic Chemical, Category or Generic Name  
 ETHYLENE GLYCOL

**SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1.  2.  3.  4.

**SECTION 7C. ON-SITE RECYCLING PROCESSES**

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1.  2.  3.  4.  5.   
 6.  7.  8.  9.  10.

**SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES**

	Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 Quantity released ***	NA	NA	NA	NA
8.2 Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3 Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4 Quantity recycled onsite	NA	NA	NA	NA
8.5 Quantity recycled offsite	108252	105294	68826	68826
8.6 Quantity treated onsite	NA	NA	NA	NA
8.7 Quantity treated offsite	NA	NA	NA	NA
8.8 Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	0			
8.9 Production ratio or activity index	0000001.01			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one box)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

**EPA****FORM R****TOXIC CHEMICAL RELEASE  
INVENTORY REPORTING FORM**United States  
Environmental Protection  
AgencySection 313 of the Emergency Planning and Community Right-to-Know Act of 1986,  
also known as Title III of the Superfund Amendments and Reauthorization Act

**WHERE TO SEND COMPLETED FORMS:** 1. EPCRA Reporting Center  
P.O. Box 3348  
Merrifield, VA 22116-3348  
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE  
(See instructions in Appendix F)

Enter "X" here if this  
is a revision

For EPA use only

**Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.****PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 2001****SECTION 2. TRADE SECRET INFORMATION**

**2.1** Are you claiming the toxic chemical identified on page 2 trade secret?  
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

**2.2** Is this copy ☐ Sanitized ☐ Unsanitized  
(Answer only if "YES" in 2.1)

**SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)**

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: ELLEN HEATH GENERAL MANAGER

Signature: *Ellen Heath*

Date Signed: 11/01/2001

**SECTION 4. FACILITY IDENTIFICATION**

**4.1** TRI Facility ID Number 21224BLTMR4200B

Facility or Establishment Name BALTIMORE QUALITY ASSURANCE

Facility or Establishment Name or Mailing Address (if different from street address) NA

Street 4200 BOSTON ST.

Mailing Address

City/County/State/Zip Code BALTIMORE BALTIMORE CITY MD 21224

City/State/Zip Code

Country (Not Applicable)

**4.2** This report contains information for:  
(Important: check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility d. ☐ GOC

**4.3** Technical Contact Name DAVID HOWE Telephone Number (include area code) (401) 423-2003

**4.4** Public Contact Name ELLEN HEATH Telephone Number (include area code) (410) 327-0916

**4.5** SIC Code (s) (4 digits) Primary a. 2099 b. c. d. e. f.

**4.6** Latitude Degrees 39 Minutes 17 Seconds 15 Longitude Degrees 076 Minutes 33 Seconds 24

**4.7** Dun & Bradstreet Number(s) (9 digits) **4.8** EPA Identification Number (RCRA I.D. No.) (12 characters) **4.9** Facility NPDES Permit Number(s) (9 characters) **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)

a. NA a. NA a. NA a. NA  
b. b. b. b.

**SECTION 5. PARENT COMPANY INFORMATION**

**5.1** Name of Parent Company NA COSMED GROUP

**5.2** Parent Company's Dun & Bradstreet Number NA ☒

**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC INFORMATION**

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE GLYCOL

**SECTION 1. TOXIC CHEMICAL IDENTITY**

(Important: DO NOT complete this section if you completed Section 2 below.)

**1.1** CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

107211

**1.2** Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

ETHYLENE GLYCOL

**1.3** Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

NA

**1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.**

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA	X																

**SECTION 2. MIXTURE COMPONENT IDENTITY** (Important: DO NOT complete this section if you completed Section 1 above.)

**2.1** Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

NA

**SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY**

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a.	<input checked="" type="checkbox"/> Produce	b.	<input type="checkbox"/> Import	a.	<input type="checkbox"/> As a chemical processing aid
If produce or import:		a.	<input type="checkbox"/> As a reactant	b.	<input type="checkbox"/> As a manufacturing aid
c.	<input type="checkbox"/> For on-site use/processing	b.	<input type="checkbox"/> As a formulation component	c.	<input type="checkbox"/> Ancillary or other use
d.	<input type="checkbox"/> For sale/distribution	c.	<input type="checkbox"/> As an article component		
e.	<input checked="" type="checkbox"/> As a byproduct	d.	<input type="checkbox"/> Repackaging		
f.	<input type="checkbox"/> As an impurity	e.	<input type="checkbox"/> As an impurity		

**SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR**

**4.1**  (Enter two-digit code from instruction package.)

**SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE**

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
<b>5.1</b>	Fugitive or non-point air emissions	NA <input checked="" type="checkbox"/>		
<b>5.2</b>	Stack or point air emissions	NA <input checked="" type="checkbox"/>		
<b>5.3</b>	Discharges to receiving streams or water bodies (enter one name per box)			
	Stream or Water Body Name			
<b>5.3.1</b>	NA			
<b>5.3.2</b>				
<b>5.3.3</b>				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box

1

\* For Dioxin or Dioxin-like compounds, report in grams



**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC INFORMATION**

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE GLYCOL

and indicate the Part II, Section 5.3 page number in this box.

1

(example: 1,2,3, etc.)

**EPA FORM R**  
**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE GLYCOL

**SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE** (Continue)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
<b>5.4.1</b>	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>	NA	
<b>5.4.2</b>	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>	NA	
<b>5.5</b>	Disposal to land onsite			
<b>5.5.1A</b>	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
<b>5.5.1B</b>	Other landfills	<input checked="" type="checkbox"/>	NA	
<b>5.5.2</b>	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
<b>5.5.3</b>	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
<b>5.5.4</b>	Other disposal	<input checked="" type="checkbox"/>	NA	

**SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS**

**6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)**

**6.1.A Total Quantity Transferred to POTWs and Basis of Estimate**

<b>6.1.A.1. Total Transfers</b> (pounds/year*) (enter range code** or estimate)	<b>6.1.A.2 Basis of Estimate</b> (enter code)
NA	

<b>6.1.B.1</b>	POTW Name	NA
POTW Address		
City	State	County
		Zip

<b>6.1.B.2</b>	POTW Name
POTW Address	
City	State
	County
	Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box  and indicate the Part II, Section 6.1 page number in this box  (example: 1,2,3, etc.)

**SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS**

<b>6.2.1</b>	Off-Site EPA Identification Number (RCRA ID No.)	NA
Off-Site Location Name		AMERICAN CHEMICAL EXCHANGE
Off-Site Address		159 N. MARENGO AVE SUITE 103
City	PASADENA	State
CA	County	LOS ANGELES
Zip	91101-	Country (Non-US)

\* For Dioxin or Dioxin-like compounds, report in grams/

**EPA FORM R**  
**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE GLYCOL

Is location under control of reporting facility or parent company?

☐

Yes

☒

No

## EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE GLYCOL

## SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 68826	1. C	1. M93
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

Country  
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

## SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ X

Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
NA	3 4 5 6 7		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	3 4 5 6 7		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	3 4 5 6 7		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	3 4 5 6 7		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	3 4 5 6 7		%	Yes No <input type="checkbox"/> <input type="checkbox"/>

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :

1

1 (example: 1,2,3, etc)

**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number  
21224BLTMR4200B  
Toxic Chemical, Category or Generic Name  
ETHYLENE GLYCOL

**SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1.  2.  3.  4.

**SECTION 7C. ON-SITE RECYCLING PROCESSES**

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1.  2.  3.  4.  5.   
6.  7.  8.  9.  10.

**SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES**

	Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 Quantity released ***	NA	NA	NA	NA
8.2 Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3 Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4 Quantity recycled onsite	NA	NA	NA	NA
8.5 Quantity recycled offsite	105294	68826	68826	68826
8.6 Quantity treated onsite	NA	NA	NA	NA
8.7 Quantity treated offsite	NA	NA	NA	NA
8.8 Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	0			
8.9 Production ratio or activity index	0000000.74			
8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.
8.11 Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one box)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			



United States  
Environmental Protection  
Agency

# FORM R

## TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,  
also known as Title III of the Superfund Amendments and Reauthorization Act

**WHERE TO SEND COMPLETED FORMS:** 1. EPCRA Reporting Center  
P.O. Box 3348  
Merrifield, VA 22116-3348  
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE  
(See instructions in Appendix F)

Enter "X" here if this  
is a revision

For EPA use only

**Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**

### PART I. FACILITY IDENTIFICATION INFORMATION

#### SECTION 1. REPORTING YEAR 2001

#### SECTION 2. TRADE SECRET INFORMATION

**2.1** Are you claiming the toxic chemical identified on page 2 trade secret?  
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

**2.2** Is this copy ☐ Sanitized ☐ Unsanitized  
(Answer only if "YES" in 2.1)

#### SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: ELLEN HEATH GENERAL MANAGER

Signature: *Ellen Heath*

Date Sig: 11/01/2001

#### SECTION 4. FACILITY IDENTIFICATION

**4.1** TRI Facility ID Number 21224BLTMR4200B

Facility or Establishment Name BALTIMORE QUALITY ASSURANCE

Facility or Establishment Name or Mailing Address (if different from street address) NA

Street 4200 BOSTON ST.

Mailing Address

City/County/State/Zip Code BALTIMORE BALTIMORE CITY MD 21224

City/State/Zip Code

Country (No)

**4.2** This report contains information for:  
(Important: check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility d. ☐ GOC

**4.3** Technical Contact Name DAVID HOWE Telephone Number (include area code) (401) 423-2003

**4.4** Public Contact Name ELLEN HEATH Telephone Number (include area code) (410) 327-0916

**4.5** SIC Code (s) (4 digits) Primary a. 2099 b. c. d. e. f.

**4.6** Latitude Degrees 39 Minutes 17 Seconds 15 Longitude Degrees 076 Minutes 33 Seconds 24

**4.7** Dun & Bradstreet Number(s) (9 digits) **4.8** EPA Identification Number (RCRA I.D. No.) (12 characters) **4.9** Facility NPDES Permit Number(s) (9 characters) **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)

a. NA a. NA a. NA a. NA  
b. b. b. b.

#### SECTION 5. PARENT COMPANY INFORMATION

**5.1** Name of Parent Company NA COSMED GROUP

**5.2** Parent Company's Dun & Bradstreet Number NA X

**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC INFORMATION**

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE OXIDE

**SECTION 1. TOXIC CHEMICAL IDENTITY**

(Important: DO NOT complete this section if you completed Section 2 below.)

<b>1.1</b>	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 75218																																		
<b>1.2</b>	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) ETHYLENE OXIDE																																		
<b>1.3</b>	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA																																		
<b>1.4</b>	<p><b>Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.</b> (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)</p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td> </tr> <tr> <td>NA</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	NA	X															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17																			
NA	X																																		

**SECTION 2. MIXTURE COMPONENT IDENTITY** (Important: DO NOT complete this section if you completed Section 1 above.)

<b>2.1</b>	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
------------	--

**SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY**

(Important: Check all that apply.)

<b>3.1</b>	<b>Manufacture the toxic chemical:</b>	<b>3.2</b>	<b>Process the toxic chemical:</b>	<b>3.3</b>	<b>Otherwise use the toxic chemical:</b>
<p>a. <input type="checkbox"/> Produce    b. <input type="checkbox"/> Import</p> <p>If produce or import:</p> <p>c. <input type="checkbox"/> For on-site use/processing</p> <p>d. <input type="checkbox"/> For sale/distribution</p> <p>e. <input type="checkbox"/> As a byproduct</p> <p>f. <input type="checkbox"/> As an impurity</p>		<p>a. <input type="checkbox"/> As a reactant</p> <p>b. <input type="checkbox"/> As a formulation component</p> <p>c. <input type="checkbox"/> As an article component</p> <p>d. <input type="checkbox"/> Repackaging</p> <p>e. <input type="checkbox"/> As an impurity</p>		<p>a. <input type="checkbox"/> As a chemical processing aid</p> <p>b. <input type="checkbox"/> As a manufacturing aid</p> <p>c. <input checked="" type="checkbox"/> Ancillary or other use</p>	

**SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR**

<b>4.1</b>	03 (Enter two-digit code from instruction package.)
------------	---

**SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE**

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
<b>5.1</b>	Fugitive or non-point air emissions	NA <input checked="" type="checkbox"/>	NA		
<b>5.2</b>	Stack or point air emissions	NA <input type="checkbox"/>	245	C	
<b>5.3</b>	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
<b>5.3.1</b>	NA				
<b>5.3.2</b>					
<b>5.3.3</b>					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box

1

\* For Dioxin or Dioxin-like compounds, report in grams

**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC INFORMATION**

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE OXIDE

and indicate the Part II, Section 5.3 page number in this box.

1

(example: 1,2,3, etc.)



**EPA FORM R**  
**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number
21224BLTMR4200B
Toxic Chemical, Category or Generic Name
ETHYLENE OXIDE

**SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE(Continue**

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
<b>5.4.1</b>	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>	NA	
<b>5.4.2</b>	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>	NA	
<b>5.5</b>	Disposal to land onsite			
<b>5.5.1A</b>	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
<b>5.5.1B</b>	Other landfills	<input checked="" type="checkbox"/>	NA	
<b>5.5.2</b>	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
<b>5.5.3</b>	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
<b>5.5.4</b>	Other disposal	<input checked="" type="checkbox"/>	NA	

**SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS**

**6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)**

**6.1.A Total Quantity Transferred to POTWs and Basis of Estimate**

<b>6.1.A.1. Total Transfers (pounds/year*)</b> (enter range code** or estimate)	<b>6.1.A.2 Basis of Estimate</b> (enter code)
NA	

<b>6.1.B.1</b>	POTW Name	NA
POTW Address		
City	State	County Zip -

<b>6.1.B.2</b>	POTW Name	
POTW Address		
City	State	County Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box  and indicate the Part II, Section 6.1 page number in this box  (example: 1,2,3, etc.)

**SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS**

<b>6.2.1</b>	Off-Site EPA Identification Number (RCRA ID No.)	NA
Off-Site Location Name		NA
Off-Site Address		
City	State	County Zip Country (Non-US)

\* For Dioxin or Dioxin-like compounds, report in grams/

**EPA FORM R**  
**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE OXIDE

Is location under control of reporting facility or parent company?

☐

Yes

☐

No

## EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

21224BLTMR4200B

Toxic Chemical, Category or Generic Name

ETHYLENE OXIDE

## SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

Country  
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

## SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐

Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any  
waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?	
<b>7A.1a</b>	<b>7A.1b</b>	1	A03	2	A03	<b>7A.1c</b>	<b>7A.1d</b>	<b>7A.1e</b>
A	3	A03	4	NA	5	1	99.5 %	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>
	6		7		8			
<b>7A.2a</b>	<b>7A.2b</b>	1		2		<b>7A.2c</b>	<b>7A.2d</b>	<b>7A.2e</b>
	3		4		5		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
	6		7		8			
<b>7A.3a</b>	<b>7A.3b</b>	1		2		<b>7A.3c</b>	<b>7A.3d</b>	<b>7A.3e</b>
	3		4		5		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
	6		7		8			
<b>7A.4a</b>	<b>7A.4b</b>	1		2		<b>7A.4c</b>	<b>7A.4d</b>	<b>7A.4e</b>
	3		4		5		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
	6		7		8			
<b>7A.5a</b>	<b>7A.5b</b>	1		2		<b>7A.5c</b>	<b>7A.5d</b>	<b>7A.5e</b>
	3		4		5		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
	6		7		8			

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box  
and indicate the Part II, Section 6.2/7A page number in this box :

1

(example: 1,2,3, etc)

1

**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number
21224BLTMR4200B
Toxic Chemical, Category or Generic Name
ETHYLENE OXIDE

**SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1.  2.  3.  4.

**SECTION 7C. ON-SITE RECYCLING PROCESSES**

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category:

Recycling Methods [enter 3-character code(s)]

1.  2.  3.  4.  5.   
 6.  7.  8.  9.  10.

**SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES**

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	376	245	245	245
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	75100	49090	49090	49090
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			0000000.74	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one box)			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>